1

## MULTIPLE DEPENDENT CLAIM FEE CALC' TION SHEET

(FOR USE WI... FORM PTO-875)

SERIAL NO. 10/520478 APPLICANT(S)

FILING DATE

**CLAIMS** 

|                 |  |  |  |  |  | (  |  |  |
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| OTAL IND.       |  | <b>♦</b>   | /  | Ħ  |  | *  |  |  |
| OTAL DEP        |  |  | 8  | <b>4</b> 3                                       |  | <b>*</b>   |  |  |
| TOTAL<br>CLADES |  |  | 9  | 2000   |  |  |  |  |
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|                 | ,  | AS FILED  |        | AFTER I AMENDMENT                                |  |              | AFTER             |  |  |
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| TOTAL IND       |  |   | 4      |  | \$   |              |                   | 苷  |  |
| TOTAL DEP       |  | 49  |        |  |  | <b>∳</b> ■   |                   |  |  |
| TOTAL<br>CLADUS | L .  | 3   |        | - 1  |  |              | 3                 |  |  |
|                 |  | U.S   | DEPART | MENT of CC                                       | MMERCE   |              |                   |  |  |

PTO - 1360 (REV. 11/04)